

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/926742**

FILING DATE

APPLICANT(S)

6/4/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		
2	/			/		
3	/					
4	/					
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TOTAL IND.	2	0	1	0	0	0
TOTAL DEP.	8	0	8	0	0	0
TOTAL CLAIMS	10	0	9	0	0	0

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS